

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

1625\$

Application of:

Bernd RIEDL et. al.

Confirmation No.: 5714

Serial No.: 09/889,227

Examiner: Rita J. Desai

Filed: January 8, 2002

Group Art Unit: 1625

Title: ω -CARBOXYARYL SUBSTITUTED DIPHENYL UREAS AS RAF KINASE INHIBITORS

AMENDMENT TRANSMITTAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ No additional fee is required.
- ☐ Applicant(s) is/are entitled to small entity status.
- ☒ Additional documents filed herewith: **PETITION FOR EXTENSION OF TIME**

The fee has been calculated below:

CLAIMS	CLAIMS REMAINING		HIGHEST NO. PREVIOUSLY PAID FOR	NO. OF EXTRA CLAIMS	RATE	CALCULATIONS
TOTAL	69	MINUS	62	7	x \$50 =	\$ 350.00
INDEPENDENT	8	MINUS	8	0	x \$200 =	0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS						0.00
TOTAL OF ABOVE CALCULATIONS						350.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY						0.00
<input type="checkbox"/> RECORDATION OF ASSIGNMENT					+ \$40 =	0.00
TOTAL						\$ 350.00

- ☒ A check in the amount of \$350.00 is attached.
- ☒ Please charge any additional fees for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 13-3402. A duplicate copy of this sheet is enclosed.
- ☒ If these papers are not considered timely filed by the Patent and Trademark Office, then a petition is hereby made under 37 C.F.R. § 1.136, and any additional fees required under 37 C.F.R. § 1.36 for any necessary extension of time may be charged to Deposit Account No. 13-3402. A duplicate copy of this sheet is enclosed.

MILLEN, WHITE, ZELANO & BRANIGAN, P.C.
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Arlington, Virginia 22201
Telephone: (703) 243-6333
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Respectfully submitted,

Richard J. Traverso, Reg. No. 30,595
Attorney/Agent for Applicants

Attorney Docket No.: BAYER-0015-A

Date: April 19, 2005

CERTIFICATION OF MAILING

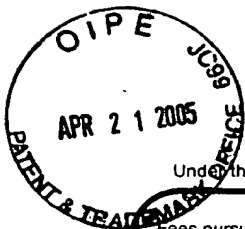
I hereby certify that this correspondence is being deposited with the U.S. Postal Services as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on: **April 19, 2005**

Name:

Sharon McDaniel

Signature:

MILLEN, WHITE, ZELANO & BRANIGAN, P.C.



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1,370

Complete If Known

Application Number	09/889,227
Filing Date	January 8, 2002
First Named Inventor	Bernd RIEDL et. al.
Examiner Name	Rita J. Desai
Art Unit	1625
Attorney Docket No.	BAYER-0015-A

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : _____

☐ Deposit Account Deposit Account Number: 13-3402 Deposit Account Name: Millen White Zelano & Branigan, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s)

☒ Credit any overpayments

Under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description					Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)					50	25
Each independent claim over 3 (including Reissues)					200	100
Multiple dependent claims					360	180
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee(\$)</u>		<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
69	-20 or HP= 7	x	50	=	350	<u>Fee (\$)</u>
HP = highest number of total claims paid for, if greater than 20.						<u>Fee Paid (\$)</u>
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee(\$)</u>		<u>Fee Paid (\$)</u>		
8	- 3 or HP= 0	x	200	=	0	
HP = highest number of independent claims paid for, if greater than 3.						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/ 50 = _____ (round up to a whole number) x		= _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : Petition for 3-month Extension of Time

Fees Paid (\$)

1,020.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	30,595	Telephone	703-243-6333
Name (Print/Type)	Richard J. Traverso	Date	April 19, 2005		

CERTIFICATION OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Services as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on: April 19, 2005

Name: Sharon McDaniel

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